

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOM PIONEERS ACTION NETWORK</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00517433       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Brand.com</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>12</div><div>2014</div></div>	
Mailing Address 601 Walnut St Ste 701E		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City Philadelphia	State PA	Zip Code 19106	Transaction ID : SE.4223
Purpose of Expenditure Internet Communications Consulting		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SHANE OSBORN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Majority Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>12</div><div>2014</div></div>	
Mailing Address 135 Professional Drive Suite 104		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19714.50</div>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.4217
Purpose of Expenditure Advertising Services and Communications		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SHANE OSBORN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29714.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Luke McAlpin

[Electronically Filed]

Date

 MM / DD / YYYY  

05

14

2014

Signature